

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Family-Pac Federal

ADDRESS (number and street)

414 N. Orleans Plaza

#312

☐Check if different  
than previously  
reported. (ACC)

Chicago

IL

60610

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00362178

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☒July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2010

through

06

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Paul Caprio

Signature of Treasurer

Electronically Filed by Paul Caprio

Date

07

12

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 23

Write or Type Committee Name  
Family-Pac Federal

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	66.70
(b) Cash on Hand at Beginning of Reporting Period .....	7234.11	
(c) Total Receipts (from Line 19) .....	36200.00	48135.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	43434.11	48201.70
7. Total Disbursements (from Line 31) .....	33646.75	38414.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	9787.36	9787.36
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	5200.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 23

Write or Type Committee Name

Family-Pac Federal

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	33350.00	42400.00
(ii) Unitemized .....	2600.00	3785.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	35950.00	46185.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	35950.00	46185.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	1700.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	250.00	250.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	250.00	250.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	36200.00	48135.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	35950.00	47885.00

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	167.59	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	167.59	
22. Transfers to Affiliated/Other Party Committees.....	28110.50	28110.50	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5536.25	8036.25	
24. Independent Expenditure (use Schedule E) .....	0.00	2100.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	33646.75	38414.34	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33646.75	38414.34	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 23

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	35950.00	46185.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35950.00	46185.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	167.59
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	167.59

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Family-Pac Federal

**A.**

Full Name (Last, First, Middle Initial)

Adam N. Andrzejewski

Mailing Address 225 N. Washington St.

City

Hinsdale

State

IL

Zip Code

60521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	5	/	2	0	1	0

Transaction ID: SA11AI.4481

Amount of Each Receipt this Period

600.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Adam N. Andrzejewski

Mailing Address 225 N. Washington St.

City

Hinsdale

State

IL

Zip Code

60521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	2	/	2	0	1	0

Transaction ID: SA11AI.4482

Amount of Each Receipt this Period

500.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Frank Avila

Mailing Address 6201 W. Touhy Ave.

City

Chicago

State

IL

Zip Code

60646

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Attorney

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	6	/	2	0	1	0

Transaction ID: SA11AI.4435

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Family-Pac Federal

**A.**

Full Name (Last, First, Middle Initial)

Bernard B. Bertsche

Mailing Address 41 W. 872 White Oak Ln.

City

St. Charles

State

IL

Zip Code

60175

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.4399

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Bernard B. Bertsche

Mailing Address 41 W. 872 White Oak Ln.

City

St. Charles

State

IL

Zip Code

60175

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.4430

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

John M. Cooney, III

Mailing Address 2415 Upland Ln.  
Unit A

City

Plymouth

State

MN

Zip Code

55447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.4395

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Family-Pac Federal

**A.**

Full Name (Last, First, Middle Initial)

Mr. Daniel J. Costello, Jr.

Mailing Address 17964 Amberwood

City

South Bend

State

IN

Zip Code

46635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homerun Inn PizzaOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	5	/	2	0	1	0

Transaction ID: SA11AI.4366

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Kevin Costello

Mailing Address 600 N. Dearborn

City

Chicago

State

IL

Zip Code

60610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Home Run InnOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	7	/	2	0	1	0

Transaction ID: SA11AI.4431

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Jim Economos

Mailing Address 106 Bartlett Ave

City

Bartlett

State

IL

Zip Code

60103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jayne ManagementOccupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	6	/	2	0	1	0

Transaction ID: SA11AI.4439

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2400.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Family-Pac Federal

**A.**

Full Name (Last, First, Middle Initial)

Arie S. Friedman

Mailing Address 394 Roger Williams Ave.

City

Highland Park

State

IL

Zip Code

60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	5	/	2	0	1	0

Transaction ID: SA11AI.4413

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

J.P. Healy

Mailing Address 6 S. 230 Concord Road

City

Naperville

State

IL

Zip Code

60540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	1	0

Transaction ID: SA11AI.4397

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Martin Janis

Mailing Address 401 N. Michigan Ave.

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Martin Janis & Co.Occupation  
Public Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	6	/	2	0	1	0

Transaction ID: SA11AI.4429

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1400.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Family-Pac Federal

**A.**

Full Name (Last, First, Middle Initial)

John E. Jones

Mailing Address 43 Longmeadow Road

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.4406

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

William Jones

Mailing Address 981 Feehanville

City

Mt. Prospect

State

IL

Zip Code

60056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cummins-Allison

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.4410

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Terrence Kenney

Mailing Address 13002 Timber Trail

City

Palos Heights

State

IL

Zip Code

60463

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.4374

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Family-Pac Federal

**A.**

Full Name (Last, First, Middle Initial)

Robert Mayo

Mailing Address 1336 Basswood Rd.

City

Schaumburg

State

IL

Zip Code

60173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cancer Treatment Centers  
of Am

Occupation  
Health Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.4477

Amount of Each Receipt this Period

1000.00

Coburn

**B.**

Full Name (Last, First, Middle Initial)

Thomas R. Morrison

Mailing Address 426 E. Robertson St.

City

Palatine

State

IL

Zip Code

60074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.4415

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Irene M. Napier

Mailing Address 5706 Valley View Rd.

City

Crystal Lake

State

IL

Zip Code

60014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.4371

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Family-Pac Federal

**A.**

Full Name (Last, First, Middle Initial)

Grant D. Noble

Mailing Address P.O. Box 146

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.4426

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Marc S. Porter

Mailing Address 389 York Dr.

City

Grayslake

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.4419

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Marc S. Porter

Mailing Address 389 York Dr.

City

Grayslake

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.4475

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Family-Pac Federal

**A.**

Full Name (Last, First, Middle Initial)

James M. Quirke

Mailing Address 338 Brainerd

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.4422

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

J.A. Rocci

Mailing Address 479 60th Place

City

Burr Ridge

State

IL

Zip Code

60527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.4403

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas F. Roeser

Mailing Address 200 Cherry St.

City

Park Ridge

State

IL

Zip Code

60068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.4427

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Family-Pac Federal

**A.**

Full Name (Last, First, Middle Initial)

Robert J. Stucker

Mailing Address 222 N. LaSalle St.  
Suite 2600

City State Zip Code  
Chicago IL 60601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.4408

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

D.R. Tracy

Mailing Address 205 S. 5th Street  
Suite 700

City State Zip Code  
Springfield IL 62701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Attorney at Law

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.4404

Amount of Each Receipt this Period

1200.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Uihlein

Mailing Address 1396 N. Waukegan Rd.

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.4417

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

8200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Family-Pac Federal

**A.**

Full Name (Last, First, Middle Initial)

M. Elizabeth Weiss

Mailing Address 1304 Hawthorne Ln.

City

Hinsdale

State

IL

Zip Code

60521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.4469

Amount of Each Receipt this Period

5000.00

coburn

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

33350.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 23

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Family-Pac Federal

<b>A.</b> Full Name (Last, First, Middle Initial) Family-Pac Federal	<b>Transaction ID:</b> SB22.4450 <b>Date of Disbursement</b>
Mailing Address 414 N. Orleans Plaza #312	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 7 / 2 0 1 0</div> </div>
City Chicago State IL Zip Code 60610	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Nicholas G. Hahn, III	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Family-Pac Federal	<b>Transaction ID:</b> SB22.4452 <b>Date of Disbursement</b>
Mailing Address 414 N. Orleans Plaza #312	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 1 / 2 0 1 0</div> </div>
City Chicago State IL Zip Code 60610	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement primary	<div>5000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Family-Pac Federal	<b>Transaction ID:</b> SB22.4453 <b>Date of Disbursement</b>
Mailing Address 414 N. Orleans Plaza #312	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 1 / 2 0 1 0</div> </div>
City Chicago State IL Zip Code 60610	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement general	<div>5000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 23

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Family-Pac Federal

**A.**

Full Name (Last, First, Middle Initial)  
Family-Pac Federal

Mailing Address 414 N. Orleans Plaza  
#312

City Chicago State IL Zip Code 60610

Purpose of Disbursement  
2010 GOP primary

Candidate Name  
Marco Rubio for U.S. Senate

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB22.4454

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Family-Pac Federal

Mailing Address 414 N. Orleans Plaza  
#312

City Chicago State IL Zip Code 60610

Purpose of Disbursement

Candidate Name  
Marco Rubio for U.S. Senate

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB22.4455

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Family-Pac Federal

Mailing Address 414 N. Orleans Plaza  
#312

City Chicago State IL Zip Code 60610

Purpose of Disbursement  
re-emburse Rubio luncheon

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB22.4456

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1700.00

**SUBTOTAL** of Disbursements This Page (optional) .....

11700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Family-Pac Federal

**A.**

Full Name (Last, First, Middle Initial)  
Family-Pac Federal

Mailing Address 414 N. Orleans Plaza  
#312

City Chicago State IL Zip Code 60610

Purpose of Disbursement  
re-embursement Domm fee Coburn  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB22.4458

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3500.00

**B.**

Full Name (Last, First, Middle Initial)  
Family-Pac Federal

Mailing Address 414 N. Orleans Plaza  
#312

City Chicago State IL Zip Code 60610

Purpose of Disbursement  
re-embursement of loans  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB22.4459

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1200.00

**C.**

Full Name (Last, First, Middle Initial)  
Family-Pac Federal

Mailing Address 414 N. Orleans Plaza  
#312

City Chicago State IL Zip Code 60610

Purpose of Disbursement  
Candidate Name  
Cara Tacoma

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB22.4463

Date of Disbursement

/   /

Amount of Each Disbursement this Period

199.50

**SUBTOTAL** of Disbursements This Page (optional) .....

4899.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 23

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Family-Pac Federal

A.

Full Name (Last, First, Middle Initial)

Family-Pac Federal

Mailing Address 414 N. Orleans Plaza  
#312

City Chicago State IL Zip Code 60610

Purpose of Disbursement  
consulting

Candidate Name  
Ms Ashley M. Ruff

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB22.4460

Date of Disbursement

/   /

Amount of Each Disbursement this Period

511.00

SUBTOTAL of Disbursements This Page (optional) .....

511.00

TOTAL This Period (last page this line number only) .....

28110.50

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 23

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Family-Pac Federal

<b>A.</b>	<p>Full Name (Last, First, Middle Initial) Friends of Sharron Angle</p> <p>Mailing Address PO Box 33058</p> <p>City Reno State NV Zip Code 89533</p> <p>Purpose of Disbursement in-kind contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4486</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p>
<b>B.</b>	<p>Full Name (Last, First, Middle Initial) Friends of Sharron Angle</p> <p>Mailing Address PO Box 33058</p> <p>City Reno State NV Zip Code 89533</p> <p>Purpose of Disbursement in-kind contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4488</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3000.00"/></p>
<b>C.</b>	<p>Full Name (Last, First, Middle Initial) Ward &amp; Lawless, LLC</p> <p>Mailing Address 163 Mitchells Chance Rd. Suite 320</p> <p>City Edgewater State MD Zip Code 21037</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4490</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="536.25"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**5536.25**

**TOTAL** This Period (last page this line number only) .....

**5536.25**

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 21 / 23

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)  
Family-Pac Federal

Transaction ID: SC/10.4270

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Paul Caprio

Election:

- ☐
- Primary
- 
- ☐
- General
- 
- ☐
- Other (specify) ▼

Mailing Address 414 N. Orleans Plaza  
#312

City Chicago State IL ZIP Code 60610

Original Amount of Loan

3500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 2D D  
1 6Y Y Y Y  
2 0 0 9

0.0000 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

3500.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 22 / 23

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)  
Family-Pac Federal

Transaction ID: SC/10.4343

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Paul Caprio

Election:

- ☐
- Primary
- 
- ☐
- General
- 
- ☐
- Other (specify) ▼

Mailing Address 414 N. Orleans Plaza  
#312

City Chicago State IL ZIP Code 60610

Original Amount of Loan

1700.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1700.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 2D D  
1 9Y Y Y Y  
2 0 1 0

0.0000 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

1700.00

**TOTALS** This Period (last page in this line only) ▶

5200.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 23 / 23  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Family-Pac Federal

NAME OF ACCOUNT  
 Coalition On Abort-  
 ion/Breast Cancer

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 6 / 2 4 / 2 0 1 0

TOTAL AMOUNT TRANSFERRED

250.00

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

0.00

Transaction ID: H3.4473

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

0.00

TOTAL This Period (Generic Voter Drive) .....

0.00

TOTAL This Period (Exempt Activities) .....

0.00

TOTAL This Period (Direct Fundraising) .....

0.00

TOTAL This Period (Direct Candidate Support) .....

0.00

TOTAL This Period (Public Communications Referring Only to Party) .....

0.00

TOTAL This Period (Total Amount Transferred) .....

250.00